

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1957

34446

STATE FILE NUMBER

Registration District No. 312 Primary Registration District No. 590 Registrar's No. 2255

1. PLACE OF DEATH a. COUNTY St. Louis,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Berkeley City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN St. Louis, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
37 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Penn Nursing Home, Length of stay in 1b 2 yrs. 915				STREET ADDRESS 3756 Osceola St., (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Mary A. Schuhwerk,				4. DATE OF DEATH Month Day Year September 10, 1957			
5. SEX Female,		6. COLOR OR RACE White,		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH February 2, 1870	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,				10b. KIND OF BUSINESS OR INDUSTRY Housework.			
11. BIRTHPLACE (City and state or country) Germany,				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Karl Forster,				14. MOTHER'S MAIDEN NAME Caroline Zimmermann,			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Helen Bauer, 5204 Alaska Ave.,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute gastroenteritis type undetermined 3 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease DUE TO (c) unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senile dementia 5711 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from Feb 15 1955 to Sept 10 1957 and last saw her alive on Sept 10, 1957 Death occurred at 10:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Lewis Littmann MD (Degree or title)				22b. ADDRESS 8231 Clayton Rd (17)		22c. DATE SIGNED 9/11/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		23b. DATE 9/13/57		23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, 2842 Meramec St. St. Louis, 18, Mo.				25. DATE RECD. BY LOCAL REG. 9-11-57		26. REGISTRAR'S SIGNATURE Herbert A. Dombek	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawrence M. Bill*

Licensed Embalmer No. *437*

933 (Please Use Name)

P. O. Address *St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.